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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FEE (\$) FOR RATE (\$) FEE (\$) RATE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(a), (p), or (q)) TOTAL CLAIMS = OR (37 CFR 1.16(i)) minus 20 = INDEPENDENT CLAIMS = = minus 3 = **x** . (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) TOTAL TOTAL o if the difference in column 1 is joss than zero enter of in column 2 OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT ADDI-TIONAL RATE (S) REMAINING NUMBER RATE (\$) ADDL TIONAL EXTRA **AFTER PREVIOUSLY** FEE (\$) FEE (\$) AMENDMENT PAID FOR Total (37 CFR 1.15(1)) Minus 50 OR ENDM Minus Independent (37 CFR 1,15(h)) *30*0. OR Size Fee (37 CFR 1.16(s)) Application FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(II)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT RATE (\$) NUMBER RATE (\$) ADDI-ADDI--22-07 **EXTRA** TIONAL TIONAL AFTER PREVIOUSLY ENDMENT FEE (\$) FEE (\$) AMENDMENT PAID FOR Minus Total 24 (\$7 CFR 1.160)) OR Independent (37 CFR 1.16(b)) Minus X . OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL ADD'L FEE TOTAL ADD'L FEE OR . If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This callection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.